



# CALIFORNIA STATE BOARD OF ACCOUNTANCY COMPLAINT FORM



## PLEASE PRINT OR TYPE

1. Your name \_\_\_\_\_  
and address \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
\_\_\_\_\_  
(ADDRESS)
2. Telephone number: Home (area code) (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_
3. The name, address, and telephone number of the licensed accountant involved in the complaint **(see note below)**:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_
4. On a separate sheet of paper, or on the reverse of this form, please describe the facts of your complaints about the licensee. Attach **copies** of pertinent documents to submit with this form. **Retain the originals in your own files.**
5. Have you advised the accountant of your complaint? Yes ☐ No ☐  
(If no, please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you attempted to resolve your concerns with the accountant? Yes ☐ No ☐
7. Was there a written agreement or engagement letter between you and the accountant? Yes ☐ No ☐  
**(If Yes, please attach)**

**NOTE:** If you are complaining about more than one accountant, please use a separate sheet to write the responses to questions 3 through 7 for each accountant, or make copies of this form for your responses. Please attach **copies** of any pertinent documents related to your complaint including, but not limited to, correspondence, contracts, and bills received. You should retain the **originals** of these documents in your personal files.

SIGNATURE

DATE

### Mail/deliver/fax your complaint and related documents to:

CALIFORNIA STATE BOARD OF ACCOUNTANCY  
ATTENTION: ENFORCEMENT PROGRAM  
2000 EVERGREEN STREET, SUITE 250  
SACRAMENTO, CA 95815-3832  
Fax: (916) 263 – 3673  
Complaint Telephone: (916) 263 – 3974  
Main Telephone: (916) 263 – 3680